

Application for Employment

City of Warwick
Personnel Department
3275 POST ROAD, WARWICK, RHODE ISLAND 02886

TEL (401) 738-2000 (EXT. 6253)

FAX (401) 732-7636

TDD (401) 739-9150

The City of Warwick is an Equal Opportunity Employer. Applicants are considered for all positions without regard to race, color, religion, sex, national origin, age, marital or veteran status, or disability.

(Print Name in Full)

(Social Security No.)

(Present Actual Address)

(City, State, Zip)

(Telephone No.)

Since what date have you lived here? _____

Are you between 18 and 70 years of age? Yes ☐ No ☐

Where did you live before this? _____

Are you a U.S. Citizen? Yes ☐ No ☐

Since what date did you live there? _____

Were you previously employed by the City? Yes ☐ No ☐

When and in what capacity? _____

Are you currently receiving pension payments from the City, or have you ever received pension payments from the City or from any pension fund to which the City contributes? Yes ☐ No ☐

Have you ever been dismissed from any position? If the answer is YES, give details on the attached sheet. Yes ☐ No ☐

Have you been convicted of a crime? Answer YES or NO in your own handwriting. _____

If your answer is YES, a complete statement of each such instance must be attached to this application indicating when, where, and disposition of offense. If an investigation discloses a false or misleading reply to the above question, this application and any approval, appointment or other favorable action made in connection therewith shall be null and void.

Note to Applicants: In order to be hired for employment with the City of Warwick, applicants must possess the ability to perform the essential job functions of the position being offered. In some cases this may mean a medical examination or physical ability testing. The City complies with the Americans with Disabilities Act and may make reasonable accommodations to perform the essential job functions for those employees who are, or who may become, disabled.

If currently employed, may we communicate with your employer? Yes ☐ No ☐

Name the position or kind of work in which you are interested in order of preference.

1. _____ 2. _____ 3. _____

Education

Elementary and Secondary School

Circle highest school grade completed

1 2 3 4 5 6 7 8 9 10 11 12

Dates Attended

From _____ To _____

Course of Study

Name and address of school last attended? _____

Did you graduate? Yes ☐ No ☐ Date of graduation _____

Post Secondary Education

Name of School

No. of Yrs.
Completed

Dates Attended
From To

Major Subject
Studied

Degree or Certificate
Received

Experience

Describe below all the positions you have held for the past ten years. In addition, describe any other experience you think may qualify you for this job. Begin with your present or most recent employer.

Name of Employer	Type of Business	Lowest Weekly Salary	From:
<hr/>			
Address of Employer	Title of Position	Highest Weekly Salary	To:
<hr/>			
Describe your duties.			
<hr/>			
<hr/>			

Name of Employer	Type of Business	Lowest Weekly Salary	From:
<hr/>			
Address of Employer	Title of Position	Highest Weekly Salary	To:
<hr/>			
Describe your duties.			
<hr/>			
<hr/>			

Name of Employer	Type of Business	Lowest Weekly Salary	From:
<hr/>			
Address of Employer	Title of Position	Highest Weekly Salary	To:
<hr/>			
Describe your duties.			
<hr/>			
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THIS AFFIRMATION MUST BE SIGNED

I certify that there are no willful misrepresentations and falsifications of the above statements and answers to questions. I understand that should an investigation disclose such misrepresentations and falsifications, my application may be rejected and, should I be employed, my service may be terminated.

Date: _____ Signature of Applicant: _____

F O R O F F I C E U S E O N L Y

(To be completed if candidate is hired)

Are you a Veteran? Yes ☐ No ☐ Are you a War Veteran? Yes ☐ No ☐ Disabled Veteran? Yes ☐ No ☐
(4/6/17 - 11/11/18), (12/7/41 - 12/31/46), (6/27/50 - 7/27/53), (8/5/64 - 5/7/75)

City of Warwick
Personnel Department
Affirmative Action File

Applicant: _____

Address: _____
Street, City State Zip Code

Telephone No.: _____

Information Required By Federal Law

Female ☐ Male ☐

White ☐ Black ☐ Asian/Amer. ☐ American Indian ☐ Spanish/Hispanic ☐ Other ☐

F O R O F F I C E U S E O N L Y
Personnel Action

Promotion ☐ New Job Opportunity ☐ Title ☐ Grade ☐ Offered ☐

Hired ☐ Refused ☐ Not offered ☐

Reason _____

Interviewer: _____ Date: _____

Driving Record Authorization Form

I authorize the City of Warwick to obtain information concerning my past driving record from the appropriate agencies if it applies to the position for which I am applying. I understand that any negative findings may prevent me from being considered for the position for which I am applying.

DRIVER'S LICENSE NO.: _____

Signature

Date